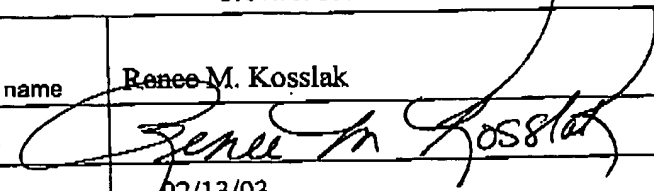
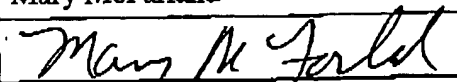


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|---------------------------------------------------------------------------------------------|----------------------|---------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application No. | 08/873,978 |
| | Filing Date | June 12, 1997 |
| | First Named Inventor | KAYYEM |
| | Examiner Name | Marschel, A |
| | Group Art Unit | 1631 |
| Total Number of Pages in This Submission | Attorney Docket No. | A-63761-1 |

| ENCLOSURES (check all that apply) | | |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
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| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment / Reply | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, No. of CD(s) _____ | |
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| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--------------------------------------------|-------------------------------------------------------------------------------------|
| Firm or Individual name | Renee M. Kosslak |
| Signature |  |
| Date | 02/13/03 |

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| Typed or printed name | Mary McFarland | | |
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AMENDMENT FEE CALCULATION 2003

Complete if Known

| | |
|----------------------|---------------|
| Application No. | 08/873,978 |
| Filing Date | June 12, 1997 |
| First Named Inventor | KAYYEM |
| Group Art Unit | 1631 |
| Examiner Name | Marschel, A. |
| Atty. Docket Number | A-63761-1 |

Claims as Amended in Response to Office Action dated August 13, 2002

| METHOD OF PAYMENT (Check One) | | AMENDMENT FEE CALCULATION (Continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account No.: 50-2319 Deposit Account Name: DORSEY & WHITNEY LLP <input checked="" type="checkbox"/> Charge any additional fee required under 37 C.F.R. 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status (see 37 C.F.R. 1.27)</p> <p>2. <input checked="" type="checkbox"/> Check Enclosed</p> | | <p align="center">3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th>Large Entity Fee</th> <th>Small Entity Fee</th> <th>Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>110</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>410</td> <td>205</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>930</td> <td>465</td> <td>Extension for reply within third month</td> <td>\$930</td> </tr> <tr> <td>1,450</td> <td>725</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>1,970</td> <td>985</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>320</td> <td>160</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>320</td> <td>160</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>280</td> <td>140</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>110</td> <td>55</td> <td>Terminal Disclaimer Fee</td> <td></td> </tr> <tr> <td>110</td> <td>55</td> <td>Petition to revive - unavoidable</td> <td></td> </tr> <tr> <td>1,300</td> <td>650</td> <td>Petition to revive - unintentional</td> <td></td> </tr> <tr> <td>1,300</td> <td>650</td> <td>Utility/Reissue issue fee (inc. advance copies)</td> <td></td> </tr> <tr> <td>130</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>180</td> <td>180</td> <td>Submission of IDS</td> <td></td> </tr> <tr> <td>750</td> <td>375</td> <td>Request for Continued Examination (RCE)</td> <td></td> </tr> <tr> <td colspan="3">Other fee (specify):</td> <td></td> </tr> <tr> <td colspan="3">Subtotal (2)</td> <td>\$930</td> </tr> <tr> <td colspan="3">Total Amount of Payment:</td> <td>\$930</td> </tr> </tbody> </table> | | Large Entity Fee | Small Entity Fee | Description | Fee Paid | 110 | 55 | Extension for reply within first month | | 410 | 205 | Extension for reply within second month | | 930 | 465 | Extension for reply within third month | \$930 | 1,450 | 725 | Extension for reply within fourth month | | 1,970 | 985 | Extension for reply within fifth month | | 320 | 160 | Notice of Appeal | | 320 | 160 | Filing a brief in support of an appeal | | 280 | 140 | Request for oral hearing | | 110 | 55 | Terminal Disclaimer Fee | | 110 | 55 | Petition to revive - unavoidable | | 1,300 | 650 | Petition to revive - unintentional | | 1,300 | 650 | Utility/Reissue issue fee (inc. advance copies) | | 130 | 130 | Petitions to the Commissioner | | 180 | 180 | Submission of IDS | | 750 | 375 | Request for Continued Examination (RCE) | | Other fee (specify): | | | | Subtotal (2) | | | \$930 | Total Amount of Payment: | | | \$930 |
| Large Entity Fee | Small Entity Fee | Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 110 | 55 | Extension for reply within first month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 410 | 205 | Extension for reply within second month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 930 | 465 | Extension for reply within third month | \$930 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1,450 | 725 | Extension for reply within fourth month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1,970 | 985 | Extension for reply within fifth month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 320 | 160 | Notice of Appeal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 320 | 160 | Filing a brief in support of an appeal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 280 | 140 | Request for oral hearing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 110 | 55 | Terminal Disclaimer Fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 110 | 55 | Petition to revive - unavoidable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1,300 | 650 | Petition to revive - unintentional | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1,300 | 650 | Utility/Reissue issue fee (inc. advance copies) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 130 | 130 | Petitions to the Commissioner | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 180 | 180 | Submission of IDS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 750 | 375 | Request for Continued Examination (RCE) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other fee (specify): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Subtotal (2) | | | \$930 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Amount of Payment: | | | \$930 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p align="center">AMENDMENT FEE CALCULATION</p> <p align="center">1. EXTRA* CLAIM FEES</p> <table border="1"> <thead> <tr> <th>Claims in Excess of</th> <th>Number of Claims</th> <th>Fee Description</th> <th>Fee</th> </tr> </thead> <tbody> <tr> <td>18</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>84</td> <td>42</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>280</td> <td>140</td> <td>Multiple dependent Claim</td> <td></td> </tr> <tr> <td>84</td> <td>42</td> <td>Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>18</td> <td>9</td> <td>Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> </tbody> </table> <p>*Calculation of Extra Claim Fees</p> <table border="1"> <thead> <tr> <th>Large Entity Fee</th> <th>Small Entity Fee</th> <th>Description</th> <th>Fee</th> </tr> </thead> <tbody> <tr> <td>18</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>84</td> <td>42</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>280</td> <td>140</td> <td>Multiple dependent Claim</td> <td></td> </tr> <tr> <td>84</td> <td>42</td> <td>Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>18</td> <td>9</td> <td>Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> </tbody> </table> <p>Total = _____ Indep. = _____ First Presentation of Multiple Dependent Claim = _____ Subtotal (1) = _____</p> | | Claims in Excess of | Number of Claims | Fee Description | Fee | 18 | 9 | Claims in excess of 20 | | 84 | 42 | Independent claims in excess of 3 | | 280 | 140 | Multiple dependent Claim | | 84 | 42 | Reissue independent claims over original patent | | 18 | 9 | Reissue claims in excess of 20 and over original patent | | Large Entity Fee | Small Entity Fee | Description | Fee | 18 | 9 | Claims in excess of 20 | | 84 | 42 | Independent claims in excess of 3 | | 280 | 140 | Multiple dependent Claim | | 84 | 42 | Reissue independent claims over original patent | | 18 | 9 | Reissue claims in excess of 20 and over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Claims in Excess of | Number of Claims | Fee Description | Fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | 9 | Claims in excess of 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 84 | 42 | Independent claims in excess of 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 280 | 140 | Multiple dependent Claim | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 84 | 42 | Reissue independent claims over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | 9 | Reissue claims in excess of 20 and over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Large Entity Fee | Small Entity Fee | Description | Fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | 9 | Claims in excess of 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 84 | 42 | Independent claims in excess of 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 280 | 140 | Multiple dependent Claim | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Submitted by:

Name: Renee M. Kossiak
 Robin M. Silva, Reg. No. 38,304

Reg. No.: 47,717

Telephone: (415) 781-1989

DORSEY & WHITNEY LLP

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Date: 02/13/03

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TELEPHONE #: 703-308-3894

FROM: Renee Kossiak

Fax #: (415) 398-3249

TELEPHONE #: 415 781-1989

E-MAIL: Kossiak.renee@dorseylaw.com

Dear Examiner Marshall:

Attached please find a copy of the postcard receipt and the response to August 13, 2002 office action that was mailed February 13, 2003.

Please call if you need any further information.

I also want to thank you for taking the time to call me to let me know that you had not received the response.

Renee Kossiak

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DORSEY & WHITNEY LLP

File No. A-63761-I (463037-00005)/RMS/RMK/CYO

Application Serial No.: 08/873,978

International Filing Date: June 12, 1997

For: CONDUCTIVE OLIGOMERS ATTACHED TO ELECTRODES AND
NUCLEOSIDE ANALOGS (AS AMENDED)

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